

# **CALNET II CALLING CARD ACCOUNT IMPLEMENTATION FORM**

DATE:    /    /    Mm/dd/yyyy

Follow the directions for each section to ensure the required information is complete to process the Customer's request. All information requested, is required to begin processing the requested activity in a timely manner

## **SECTION 1: Contact Information**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: CA Zip: - \_\_\_\_\_

Company Contact Name: \_\_\_\_\_

Contact Address if different from Company Address: \_\_\_\_\_

Contact Phone Number: \_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Company Billing Contact Name: \_\_\_\_\_

Contact Address if different from Company Address: \_\_\_\_\_

Billing Contact Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## **SECTION 2: Account Information**

### **A. Billing Information**

Bill Cards to existing BTN/Bill Payer Number: ☐ Yes ☐ No

BTN/BPN to use: \_\_\_\_\_ OR Establish new BTN/Bill Payer Number: ☐ Yes ☐ No

**B. Form 20 Number/Purchase Order Number:** \_\_\_\_\_

### **C. Hierarchy Information**

Please define the following:

Summary Level -Department or Division \_\_\_\_\_

Second- can be Division or Cards \_\_\_\_\_

Third Level –Cards \_\_\_\_\_

## **SECTION 3: Card Information**

### **A. Card Features** *Select All That Apply:*

NRA Option II ☒ 1-800 Call ATT (0+) ☐ International Authorization

☐ Billing Codes (0+) ☐ Purchase Limits, Amount: \$ \_\_\_\_\_ (0+)

☐ Geographic Restrictions (0+)

☐ Domestic to Domestic

☐ Domestic to International

☐ International to International

☐ Area Code \_\_\_\_\_

### **B. Mailing Instructions** *(select one of each option)*

i. ☐ PIN Number Printed On Card ☐ PIN Number Suppressed

ii. ☐ PIN number printed on card carrier ☐ PIN number emailed to card holder

iii. ☐ Card Mailed to Card Holder ☐ Card Mailed to Company Contact

Number of Cards Requested: \_\_\_\_\_

Card Line 1: \_\_\_\_\_ *(24 Character Max)*

Card Line 2: \_\_\_\_\_ *(24 Character Max)*

Default Card Mailing Contact Name: \_\_\_\_\_

Contact Address if different from Company Address (for UPS type delivery: \_\_\_\_\_

Card Mailing Contact Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ *(required)*